



**PRIVATE POSTSECONDARY TRANSCRIPT REQUEST**  
**Department for Career and Technical Education**  
SFN 54008 (3/04)

State Capitol 15<sup>th</sup> Floor  
600 East Boulevard Ave Dept 270  
Bismarck ND 58505-0610  
Phone 701-328-3180  
Fax 701-328-1255

Student's Name		E-mail Address
Work Number	Home Number	Social Security Number
Student's Name(s) while attending School/Institution		
Name of School/Institution	Dates Attended	Program of Study
Address to Mail Transcript (Name, Street/PO Box, City, State, Zip Code)		

With my signature, I hereby authorize the Department of Career and Technical Education to mail my transcript to the entity listed above.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**STATE USE**

☐ FND      ☐ NFND

Correspondence Date: \_\_\_\_\_